



FORMAFF-1
6/03

Indiana Department of Revenue
**Merchant's Affidavit for Delivery
Sales of Cigarette and Tobacco Products**

Please mail form to:
Indiana Department of Revenue
P.O. Box 901
Indianapolis, IN 46206-0901

Merchant Name		Telephone Number	Federal FEIN or SSN
Address			TID (if Applicable)
City	State	Zip Code	
Principal Place of Business (if different from above)			

List the name(s) and address of each place of business in Indiana

Responsible Officer (Please print)

Date

This affidavit is required to be filed in accordance with IC 24-3-5-6(a) which requires a merchant making a delivery sale of cigarettes or other tobacco products to notify the Department before making any delivery sale into Indiana.

A delivery sale is defined in IC 24-3-5-1 as: A transaction for the purchase of tobacco products in which an offer to purchase tobacco products is made:

- (1) electronically using a computer network (as defined in IC 35-43-2-3);
- (2) by mail; or
- (3) by telephone;

and acceptance of the offer results in delivery of tobacco products to a named individual at a designated address.